I020435

Bayer CropScience

January 27, 2008

Document Processing Desk 6(a)(2)
Office of Pesticide Programs (7504P)
U. S. Environmental Protection Agency
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202-4501

RE: 6(a)(2) Incidents Accumulated for the Month of December 2008

Dear Sir/Madam:

Bayer CropScience
RTP
P. O. Box 12014
RTP, NC 27709
Tel. 919 549-2000

Reportable incidents accumulated for the month of December 2008 for Bayer CropScience and Bayer Environmental Science are attached.

The information with this letter is being submitted concurrently to the EPA pursuant to the Agency's interpretation of requirements imposed on registrants by Section 6(a)(2) of FIFRA. This information may not constitute additional factual information regarding unreasonable adverse effects within the meaning of 6(a)(2). It is being submitted to enable the Agency to make its own assessment of the information.

If you have questions or concerns, please do not hesitate to contact me at any time.

Sincerely,

S. Gerret Van Duyn

Gerret Van Duyn
Compliance Manager
State Regulatory and Documentation Services
919-549-2914

CC: Anne Downs, CA Department of Pesticide Regulation
Jeanine Broughel, NY Department of Environmental Conservation

/attachment

Personal privacy information

-001

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date. *1/27/09*	Contact person (if different than reporter)	Internal ID *415883*
	Address [redacted]		Address	
	Phone # [redacted]		Phone #	
	Incident Status: *New*	Location and date of incident *Midway, AL* *USA* *11/06/2008*	Date registrant became aware of incident. *12/11/2008*	Was incident part of larger study? *No*

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *432-1209-71004*	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) *Carbaryl*	A.I. (s)	A.I. (s)
	Product 1 name *GardenTech Sevin 5% Dust*	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	Applicator certified? *UNK*		
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

Brief description of incident circumstances.

Seaverson, Ryan Dec 11 2008 10:57AM
Hx. Caller used this product in her garden 5 weeks ago and she suspects she got this product on her arms and legs while she was picking vegetables. By the following day she had developed redness and irritation on her arms and legs. Sxs persisted for 2 weeks until she was seen by her MD who gave her a cortisone injection and prescribed a hydrocortisone ointment. The irritation on her arms has since improved however sxs are still present on her leg. She is wondering what else can be done for treatment.

A. Informed caller this product has a very wide margin of safety, however it may be irritating if left in contact with skin. Because of persistent sxs recommend she follow up with her MD. Have MD callback with any questions. CB prn/

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***83 Year(s)*** Sex: ***Female*** Occupation (if relevant) ***NA***	Exposure route: ***Dermal***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NO***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***24 hrs or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***Private MD/DVM-treated & released***	List signs/symptoms/adverse effects ***Dermatological-Dermal irritation/Pain*** ***Dermatological-Erythema/Flushed***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
415883

Personal privacy information

-002

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

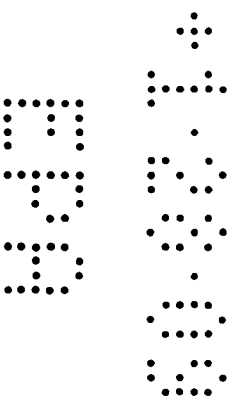
Row 1 Administrative Data	Reporter Name [redacted]	Submission date. *1/27/09*	Contact person (if different than reporter)	Internal ID *421992*
	Address [redacted]		Address	
	Phone # [redacted]		Phone #	
	Incident Status: *New*	Location and date of incident *Mount Holly, NJ* *USA* *12/29/2008*	Date registrant became aware of incident. *12/30/2008*	Was incident part of larger study? *No*
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *72155-80*	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) ***Beta-Cyfluthrin, sodium o-phenylphenate***	A.I. (s)	A.I. (s)	
	Product 1 name ***Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (64 oz)***	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? *Yes* Intentional misuse? *Yes*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? *UNK*			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***			

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Brief description of incident circumstances.

Greenlee, Liz Dec 30 2008 5:05AM
Hx: Caller relates that she sprayed the product without wearing gloves about 9 hours ago. She washed her hands after use. She has open wounds around her nail beds of her fingers on both hands. She relates that she woke up to find that now both her hands are swollen and painful. Caller is wondering what to do.

A: This product has a wide margin of safety, the SXS described are not anticipated when product is used according to labeled directions. Due to SXS rec MD evaluation. Have them call with any questions. CB prn.
* * * * * * * * * * * * * * * * *
Nystuen, Amy Jan 6 2009 5:08PM
Called and [redacted] is not there, person took cb # and case # and will give her the message to cb.
* * * * * * * * * * * * * * * * *
Pasko, David Jan 7 2009 10:14AM
She went to MD and got abx. Never developed any further sxs. Sxs subsided a few days after they occurred.



Demographic information: Age: ***50 Year(s)*** Sex: ***Female*** Occupation (if relevant) *NA*	Exposure route: ***Dermal***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? *No*	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? *NO*	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: *NA*	Time between exposure and onset of symptoms: ***Unable to determine***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***Private MD/DVM-treated & released***	List signs/symptoms/adverse effects ***Dermatological-Dermal irritation/Pain*** ***Dermatological-Edema/Swelling***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: *NA* Amount of pesticide: *NA* Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
421992

Personal privacy information

-003

Bayer CropScience - 6(a)(2) Incident Report Form - Groundwater Incident

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Bayer CropScience

Section 1 - Administrative Data

Reporter Name* [redacted]

Mailing Address [redacted]

City [redacted]

State [redacted] Zip Code [redacted]

Phone Number Unknown

Submission Date Jan 27, 2009

Incident Status New

*Individual reporting to Registrant

Contact Person* Gerret Van Duyn

Mailing Address P.O. Box 12014

City Research Triangle Park

State NC Zip Code 27709

Phone Number (919) 549-2914

Date Registrant became aware Dec 5, 2008

Was incident part of a larger study? Yes

*Person other than reporter who is a source of information for this incident

Section 2 - Pesticide(s) Involved

	Product 1	Product 2	Product 3
Product Name	Temik 15 G		
Name	Aldicarb		
A.I. Name			
EPA Reg. #	264-330		
Exposed to concentrate prior to dilution?	No		
Formulation	granular		

*A.I. = Active Ingredient

*A.I. = Active Ingredient

*A.I. = Active Ingredient

Section 3 - Reported Circumstances

Evidence label was not followed? No

Applicator certified PCO? Unknown

Incident Site Home

How did exposure occur? Groundwater

Situation (act of using product) N/A

Brief Description of incident circumstances (800 characters):

Part of on-going water monitoring program for state of New York for Aldicarb usage on Long Island between 1975-1979.

G-A # (completed by 6(a)(2) reporter) WALNY-1408

EPA Category G-A (exceeds MCL/HEL)

Bayer CropScience - 6(a)(2) Incident Report Form - Groundwater Incident

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Bayer CropScience

ction 4 - Exposure Information - Provide any analytical reports and data available

Date sample collected	Jun 18, 2008	Depth to water	unknown	Well ID/use	New Incident
Screened interval	unknown	soil series/texture	Unknown	Hydraulic conductivity	unknown
Aquifer description	Unconfined	Hydrolic group	unknown	Maximum rainfall	unknown
Ph of Water	unknown	% Organic matter/carbon	unknown	Years product used	unknown
Annual total rain (in)	unknown	Annual total irrigation (in)	unknown	Date of last application	approx. 1979
Application frequency (per year)	unk.	Application method			

GPS Coordinates (decimal format)

Additional space for answers or explanator information in this box - **If sample location different than reporter address, provide here.**

Aldicarb detection in unfiltered groundwater sample for well with detected levels at 11.3 ppb by EcoTest Laboratories of total Aldicarb, Aldicarb-sulfoxide, and Aldicarb-sulfone. Part of ongoing water monitoring program.

EcoTest Laboratories, Inc.
377 Sheffield Ave.
N. Babylon, NY 11703

Form Options & Submission:

A # (completed by 6(a)(2) reporter) WALNY-1408

EPA Category G-A (exceeds MCL/HEL)